

**Kentucky Behavioral Telehealth Network (KBTN) HCP 17229
Monday, April 30, 2012 FCC Docket Number 02-60
Kentucky River Community Care, Inc. Quarterly Data Report Requirements
APPENDIX D – Pages 73-75 of Federal Communications
Commission FCC 07-198**

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

Ernestine Howard
Kentucky River Community Care, Inc.
178 Community Way
PO Box 794
Jackson, KY 41339
Phone: 606-666-9006
Fax: 606-666-5840
ernie.howard@ccdminc.org

Larry Potter, Project Assistant Coordinator
Kentucky River Community Care, Inc.
115 Rockwood Lane Hazard, KY 41701
Phone: 606-436-5761
Fax: 606-436-5797
larry.potter@krccnet.com

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.

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Kentucky River Community Care, Inc.
178 Community Way
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c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

Kentucky River Community Care, Inc.
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d. Explain how project is being coordinated throughout the state or region.

Kentucky River Community Care, Inc., the lead agency in the Kentucky Behavioral Telehealth Network (KBTN) has designated the above named staff to coordinate the KBTN project. The Kentucky agencies that are a part of the KBTN receive email updates and hold group meetings to discuss changes or news in the KBTN as needed to make decisions, discuss changes and share news on the KBTN project.

During the past quarter communications have included emails, face to face meetings, telephone conference calls and written correspondence requesting/providing specific information regarding sites, site substitutions, addresses, site surveys, and acceptance letters of participation.

KBTN implementation continues to be delayed due to waiting for connection of the Hub site. Windstream reported they are ready to finalize the connection to the first site and then KBTN will be able to complete the 467 Connection Certificate for the HUB location.

We continue to contact network participants to discuss their participation with the Kentucky Behavioral Telehealth Network. There is no longer a use definition misconception, however the reality is that 1. potential KBTN partners' site needs have changed due to the two year time delay of KBTN receiving an approved 465; 2. the economy has strained Agencies' operating budget such that several partners anticipated available funding to purchase equipment for the new data lines has diminished due to financial changes in their agency's revenue/budgets in the two years waiting for KBTN approval and 3. the most significant change/barrier is the State of Kentucky's decision to contract with three Managed Care Organizations implementing Medicaid Managed Care in the State effective July, 2011 and redesigned and implemented service delivery model by October 1, 2011. However, one of the outcomes of these managed care changes have been to create an enormous administrative burden on the participants and delays in processing and paying claims has critically affected Agencies cash flow during this time of transition.

This complex system change resulted in providers experiencing enormous clinical, administrative and financial burden because systems were not ready to receive claims from all the different Medicaid providers in the State nor were providers ready to submit to the three Managed Care Organizations. Redesigning billing systems has assumed priority, consequently, removing focus from implementing new data lines to serving their clients and maintaining their business operations. The severity of this system change has influenced employee layoffs, programs closing and lawsuits.

The KBTN Coordinator met with the CEO's from the fourteen Community Mental Health Centers who are eligible participants of KBTN on Friday, February 3, 2012

to discuss their participation and other barriers they may have identified to participation with KBTN. A self narrated PowerPoint presentation was utilized to present the benefits to the CEO's. The CEO's requested another meeting with their Information Technology Departments allowing them time to reconsider participation in KBTN. A meeting was scheduled for Thursday February 18, 2012 at Windstream in Lexington, Kentucky. Four KBTN potential partners were present. However, three other potential partners contacted the KBTN Coordinator and scheduled conference calls at a later date due to meeting conflicts.

KBTN has 13partners identified in the network with 38 planned connected sites.

Our goal continues to be to increase access to traditional primary and specialty medical model health services for the people we serve, not to replace the psychosocial rehabilitation model prevalent within most community mental health centers with just a medical model.

Persons with mental illness benefit from psychosocial rehabilitation and integrated dual diagnosis treatment as well as traditional medical primary and specialty care. When access to medical care is made difficult for a particular type of psychosocial rehabilitation clinic because of distance, lack of providers or immediate access to medical information recovery and rehabilitation suffers.

2. Identify all health care facilities included in the network.

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
 - i. Public or non-public;
 - ii. Not-for-profit or for-profit;
 - iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Following is a listing of the health care facilities and community mental health centers identified as potential participants for the KBTN network. As of today these health care facilities are scheduled participating partners in the KBTN Network: Kentucky River Community Care, Inc., Pennyroyal Center MH-MR Board Inc., Appalachian Regional Health Care Psychiatric Center, Kentucky Correctional Psychiatric Center, Pathways, Inc., Lifeskills, Inc., Mountain Comprehensive Care Center, Inc., The Adanta, Cumberland River Comprehensive Care Center, Inc., River Valley Behavioral Health, Western State, Central State Hospital and Four River Behavioral Health.

KBTN has received and completed 466-A packages for 9 partners. We are waiting on site surveys for three locations.

All 466 and 466A-package documents will be submitted before the end of May for the KBTN Network even though we know the deadline is June 30, 2012.

<i>Facility Name</i>	<i>Address/Zip Code</i>	<i>County</i>	<i>RUCA</i>	<i>Census Tract</i>	<i>Phone Number</i>	<i>Public or Non Public</i>	<i>Profit status</i>	<i>Eligible or ineligible provider</i>
Kentucky River Community Care Inc	PO Box 794 Jackson KY 41339	Breathitt	10	980300	606-6669006	non-public	not for profit	Eligible, Kentucky licensed community mental health agency
Adanta	259 Parkers Mill Road Somerset KY 42501	Pulaski	4	990800	606-6794782	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Appalachian Regional Healthcare	102 Medical Center Drive Hazard KY 41701	Perry	7	970500	606-4396713	non public	not for profit	Eligible, JCAHO accredited hospital
River Valley Behavior Health	PO Box 1637 Owensboro KY 42302-1637	Daviess	1	000500	270-6896500	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Western State Hospital	PO Box 2200 Hopkinsville KY 42241-2200	Christian	4	002003	270-8896025	public	not for profit	Eligible, state psychiatric hospital
Central State Hospital	10510 LaGrange Rd Louisville KY 40223-1228	Jefferson	1	010404	502-2537060	public	not for profit	Eligible, state psychiatric hospital
Kentucky Correctional Psychiatric Center	PO Box 67, 1612 Dawkins Road, LaGrange, KY 40031	Oldham	7	0030200	502-2227161	public	Not for profit	Eligible, state forensic psychiatric hospital
Cumberland River Mental Health	PO Box 568 Corbin KY 40702	Whitley	7	971000	606-5287010	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Pennyroyal Regional Center	PO Box 614 Hopkinsville KY 42241-0614	Christian	4	200200	270-886-2205	Non public	Not for profit	Eligible, Kentucky licensed community mental health agency

<i>Facility Name</i>	<i>Address/Zip Code</i>	<i>County</i>	<i>RUCA</i>	<i>Census Tract</i>	<i>Phone Number</i>	<i>Public or Non Public</i>	<i>Profit status</i>	<i>Eligible or ineligible provider</i>
Lifeskills, Inc	PO Box 6499 Bowling Green KY 42102-6499	Warren	4	010100	270-9015000	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Pathways, Inc.	PO Box 790 Ashland KY 41101	Boyd	1	030300	606-3298588	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Mountain Comprehensive Care Center	150 South Front Avenue Prestonsburg KY 41653	Floyd	10	980200	606-8868572	non public	not for profit	Eligible, Kentucky licensed community mental health agency
Four Rivers Behavior Health	425 Broadway Suite 201 Paducah KY 42001	McCracken	4	030300	270-4421452	non public	not for profit	Eligible, Kentucky licensed community mental health agency

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;

With the completion of the competitive bidding process KBTN selected Windstream Communications, Inc. as the vendor. Windstream operates the Kentucky Public Education Network (KPEN) which is an MPLS network. The Windstream approach in deploying MPLS networks is to do one site at a time, starting with the Host site. If required, the disaster recovery site would be next. These two sites need to be completely installed and tested before installing the remaining locations. Windstream requires a Site Survey form before initiating orders. Information will include the Site Name (critical for future reference regarding possible repair issues), customer contact, and telephone number. Other critical information requires IP addressing for each site, customer must provide their sub-nets to be routed on the network and gateway addresses for the CE and PE Routers. KRCC has completed the gateway IP addressing scheme. Once each office has been established on the MPLS network, Windstream will do a test and turn-up for that site with our DSTAC group. Only after DSTAC has accepted the order will the Project Coordinator establish a conference bridge that will involve someone with KRCC or the local site coordinator and our DSTAC, at this point the office will be "live" and the order passed once it has been accepted by the designated representative.

The KPEN network is supported by a 10Gig Core with diversity and redundancy. The 10-Gig core nodes are located in Lexington, Louisville, London, and Elizabethtown. A network drawing is attached. The Windstream MPLS network provides security thru cloud-based FortiGate Firewall systems. Reliability on the network is provisioned over diverse fiber facilities and hardware redundancy. KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information. Windstream is already a major provider of MPLS services on the KIH2 contract serving approximately 520 state agency offices as a subcontractor to AT&T. Video services from CVC already traverses the Windstream MPLS network.

- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

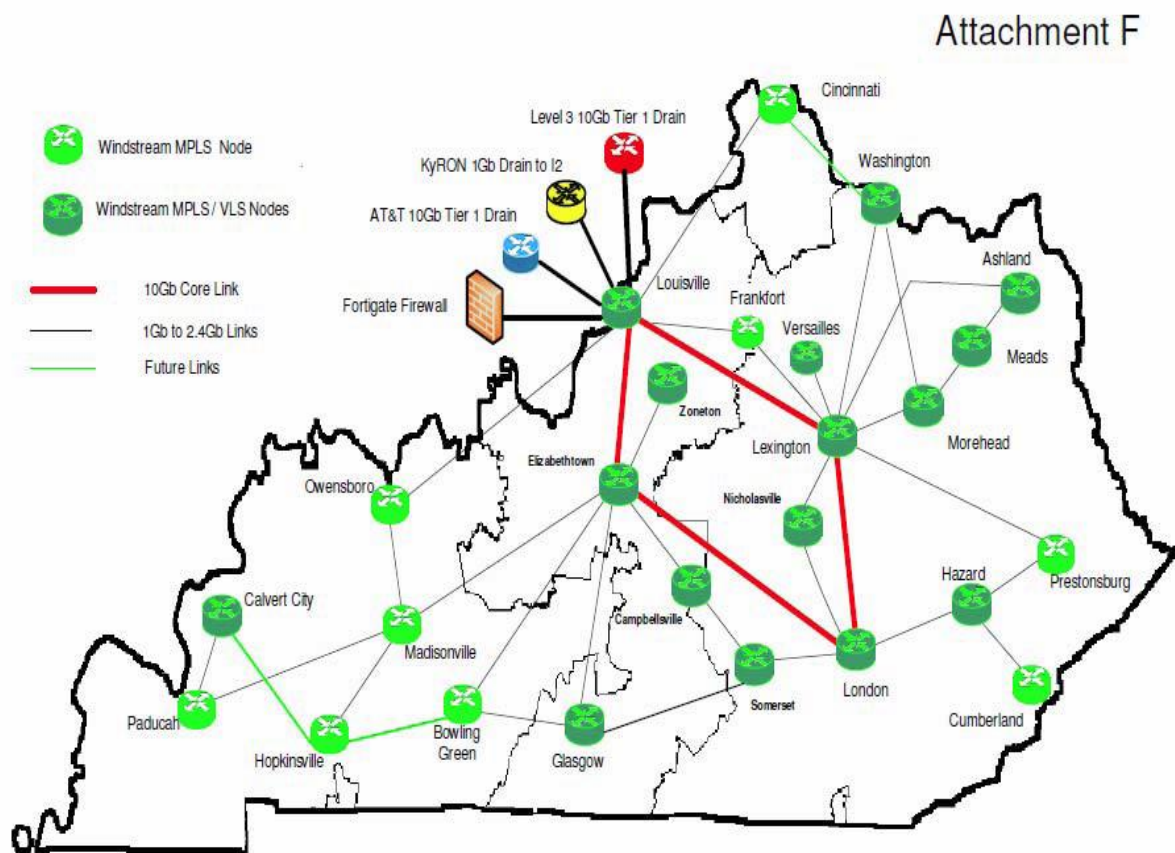
- a. Health care provider site:
- b. Eligible provider (yes/No):
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC#, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (yes/No); Federal Communications Commission FCC 07-19874
- g. Site Equipment (e.g., router, switch, SONET SDM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

Please see the following in the following table:

<i>Facility Name</i>	<i>Connected? Yes/No</i>	<i>Type of Network (i.e. fiber, copper, wireless</i>	<i>How connection provided (i.e. carrier, self-constructed, leased)</i>	<i>Service Speed</i>	<i>Gateway to NLR, Internet2, Public Internet? Yes/No</i>	<i>Site Equipment</i>	<i>Logical Diagram or Map of Network</i>
Kentucky River Community Care Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Appalachian Regional Healthcare	No	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky Correctional Psychiatric Center	No	N/A	N/A	N/A	N/A	N/A	N/A
Western State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Central State Hospital	No	N/A	N/A	N/A	N/A	N/A	N/A
Cumberland River Comprehensive Care Center	No	N/A	N/A	N/A	N/A	N/A	N/A
Adanta	No	N/A	N/A	N/A	N/A	N/A	N/A
Pennyroyal Regional Center MH-MR Board, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A
River Valley Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Lifeskills, Inc	No	N/A	N/A	N/A	N/A	N/A	N/A
Pathways, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A

<i>Facility Name</i>	<i>Connected? Yes/No</i>	<i>Type of Network (i.e. fiber, copper, wireless</i>	<i>How connection provided (i.e. carrier, self-constructed, leased)</i>	<i>Service Speed</i>	<i>Gateway to NLR, Internet2, Public Internet? Yes/No</i>	<i>Site Equipment</i>	<i>Logical Diagram or Map of Network</i>
Mountain Comprehensive Care Center	No	N/A	N/A	N/A	N/A	N/A	N/A
Four Rivers Behavior Health	No	N/A	N/A	N/A	N/A	N/A	N/A
Pathways, Inc.	No	N/A	N/A	N/A	N/A	N/A	N/A

Access to the internet on KPEN is done via the Host MPLS Circuit. The attached network drawing identifies how this is done using VLANs from the Windstream provided Ethernet switch. Windstream's proposed network configuration includes internet access via the Host site in Jackson plus the disaster recovery site in Hazard. Windstream is a Tier 2 provider of Internet services with separate and diverse 10Gig internet feeds going to AT&T and Level 3. The network feeds are configured based on load-balancing and also fail-over in case one of the internet feeds fails.



c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;

Windstream is permitting KPEN services to KBTN. As part of the contract with KPEN, the network is constantly monitored; any link that exceeds 50% utilization must be upgraded in order to accommodate total diversity for all traffic to fail-over. The KPEN network is also linked to another higher education network referred to KRON (Kentucky Regional Optical Network). This high speed fiber based DWDM platform provides direct 10Gig connectivity to selected universities. Windstream is the provider of KRON. It is the KRON network that provides the highway to allow access to Internet 2 (I2). For access to I2 services KRCC must secure approval from the Council for Postsecondary Education (CPE). Windstream can provide both administrative and technical assistance to KRCC in meetings with CPE officials to discuss I2 access.

d. Number of miles of fiber construction, and whether the fiber is buried or aerial;

Windstream has evaluated each site by researching that location using Google and CARRIE, an industry standard telecommunications web portal to identify sites and the local carriers via the serving NPA/NXX for that site. Windstream can provide services to all sites listed on the 465 attachment. The installation of buried or aerial fiber is the responsibility of the local carrier and the pricing for this is included in the installation charges. Unless the connection is 10 Mb or larger fiber is not required.

e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

KBTN will be provided access to CROS (Cisco Remote Operations Service). This web portal provides KBTN the following: Network Availability, Ticket Management, Network Performance, Requests for Change, Configuration Management Database, Company and Account Information.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

- a. Network Design;
- b. Network Equipment, including engineering and installation;
- c. Infrastructure Deployment/Outside Plant;
 - i. Engineering;
 - ii. Construction;
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services;
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere);
- g. Other Non-Recurring and Recurring Costs

KBTN Pricing List

Bandwidth	Monthly Network Port	KBTN Monthly	Monthly Local Loop	KBTN Monthly	Monthly TOTAL	KBTN Total Monthly	Installation	KBTN Installation
1.5Mbps	\$426.60	\$63.99	\$400.00	\$60.00	\$874.00	\$123.99	\$500.00	\$75.00
3Mbps	\$853.20	\$127.98	\$800.00	\$120.00	\$1,748.00	\$247.98	\$1,000.00	\$150.00
4.5Mbps	\$1,279.80	\$191.97	\$1,200.00	\$180.00	\$2,622.00	\$371.97	\$1,500.00	\$225.00
6Mbps	\$1,706.40	\$255.96	\$1,600.00	\$240.00	\$3,496.00	\$495.96	\$2,000.00	\$300.00
10Mbps	\$849.00	\$127.35	\$2,600.00	\$390.00	\$3,544.00	\$517.35	\$500.00	\$75.00
25Mbps	\$1,029.60	\$154.44	\$2,600.00	\$390.00	\$3,744.00	\$544.44	\$500.00	\$75.00
45Mbps	\$1,209.60	\$181.44	\$2,600.00	\$390.00	\$3,944.00	\$571.44	\$500.00	\$75.00
65Mbps	\$1,389.60	\$208.44	\$3,500.00	\$525.00	\$5,044.00	\$733.44	\$500.00	\$75.00
100Mbps	\$1,479.60	\$221.94	\$3,500.00	\$525.00	\$5,144.00	\$746.94	\$500.00	\$75.00
155Mbps	\$1,749.60	\$262.44	\$3,500.00	\$525.00	\$5,444.00	\$787.44	\$500.00	\$75.00
622Mbps	\$2,109.60	\$316.44	\$3,500.00	\$525.00	\$5,844.00	\$841.44	\$500.00	\$75.00
GigE	\$3,009.60	\$451.44	\$3,500.00	\$525.00	\$6,844.00	\$976.44	\$500.00	\$75.00

Other KPEN Services and Monthly Rates

Item	Monthly Rate	KBTN	Installation	KBTN Installation
Internet - per Mb	\$6.00	\$0.90	\$250.00	\$37.50
QoS per Site	\$50.00	\$7.50	\$500.00	\$75.00
Additional VPN	\$149.00	\$22.35	\$500.00	\$75.00

KPEN Change Request Standard	\$250.00	\$37.50
KPEN Change Request Expedite	\$500.00	\$75.00

Prices in gray are for KBTN eligible participants only

6. Describe how costs have been apportioned and the sources of the funds to pay them:

Kentucky Behavioral Telehealth Network

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$6 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expense s & Installati on	Project Total	FCC Portion 85%	KBTN Commitm ent 15%	KIH t1 plus taxes & fees	Savings
Kentucky River Community Care Inc Caney Creek Center	Knott	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Owsley TR	Owsley	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Letcher TR/ADTC	Letcher	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Breathitt County Outpatient	Breathitt	45	\$3,944	\$47,328	113.79	600	\$9,465.6	\$57,507	\$10,128	\$182,650	\$155,252	\$27,397	\$16,560	(\$10,837)
Kentucky River Community Care Inc Knott County Outpatient	Knott	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Lee County Outpatient	Lee	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Leslie County Outpatient	Leslie	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Letcher County Outpatient	Letcher	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Kentucky River Community Care Inc Perry County Outpatient	Perry	45	\$3,944	\$47,328	1080	600	\$9,465.6	\$58,474	\$6,028	\$181,448	\$154,231	\$27,217	\$16,560	(\$10,657)
Kentucky River Community Care Inc Wolfe County Outpatient	Wolfe	1.5	\$874	\$10,488	0	600	\$2,097.6	\$13,186	\$2,789	\$42,346	\$35,994	\$6,352	\$16,560	\$10,208
Appalachian Regional Healthcare Psychiatric Center	Perry	0	\$ 0	\$0	0	0	\$0.0	\$0	\$0	\$0	\$0	\$0	0	\$0

Kentucky Behavioral Telehealth Network

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$6 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expenses & Installatio n	Project Total	FCC Portion 85%	KBTN Commitm ent 15%	KIH t1 plus taxes & fees	Savings
Appalachian Regional Healthcare Medical Center	Perry	0	\$ 0	\$0	0	0	\$0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Central State Hospital	Jefferson	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
Cumberland River Comprehensive Care Center Harlan Outpatient	Harlan	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,784	\$81,745	\$69,484	\$12,262	\$16,560	\$4,298
Cumberland River Comprehensive Care Center Corbin Outpatient	Whitley	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,784	\$81,745	\$69,484	\$12,262	\$16,560	\$4,298
Four Rivers Behavioral Health	McCracken	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,285	\$158,834	\$135,009	\$23,825	\$16,560	(\$7,265)
Kentucky Correctional Psychiatric Center/Medical Center	Oldham	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,286	\$43,491	\$36,967	\$6,524	\$16,560	\$10,036
Lifeskills, Inc.	Warren	45	\$3,944	\$47,328	216	600	\$9,465.6	\$57,610	\$3,287	\$176,116	\$149,698	\$26,417	\$16,560	(\$9,857)
Lifeskills, Inc.	Allen	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,788	\$81,749	\$69,487	\$12,262	\$16,560	\$4,298
Lifeskills, Inc.	Barren	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,789	\$81,750	\$69,488	\$12,263	\$16,560	\$4,297
Lifeskills, Inc.	Edmonson	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,790	\$81,751	\$69,489	\$12,263	\$16,560	\$4,297
Lifeskills, Inc.	Metcalfe	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,791	\$81,752	\$69,490	\$12,263	\$16,560	\$4,297
Lifeskills, Inc.	Monroe	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,792	\$81,753	\$69,490	\$12,263	\$16,560	\$4,297
Mountain Comprehensive Care Center Johnson County Outpatient	Johnson	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037

Kentucky Behavioral Telehealth Network

Site Name	County	Bandwidth	Monthly Circuit Cost	Annual Cost Network Circuit	Internet @ \$6 per Mb	QOS	Taxes Fees @ 20%	Annual Total	One Time Expenses & Installatio n	Project Total	FCC Portion 85%	KBTN Commitme nt 15%	KIH t1 plus taxes & fees	Savings
Pathways, Inc. Boyd Co. Outpatient Clinic	Boyd	45	\$3,944	\$47,328	216	600	\$9,465.6	\$57,610	\$3,284	\$176,113	\$149,696	\$26,417	\$16,560	(\$9,857)
Pathways, Inc. Greenup Co. Outpatient Clinic	Greenup	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,285	\$158,834	\$135,009	\$23,825	\$16,560	(\$7,265)
Pennyroyal Center MH-MR Board, Inc. Madisonville Clinic	Hopkins	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
Pennyroyal MH-MR Board, Inc. - Children/Substance Abuse Services	Christian	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
Pennyroyal MH-MR Board, Inc. - Adult Clinic	Christian	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,284	\$158,833	\$135,008	\$23,825	\$16,560	(\$7,265)
Pennyroyal MH-MR Board, Inc. - Greenville Clinic	Muhlenberg	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
Pennyroyal MH-MR Board, Inc. - Princeton Clinic	Caldwell	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
River Valley Behavioral Health Cigar Factory Complex	Daviess	10	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,284	\$158,833	\$135,008	\$23,825	\$16,560	(\$7,265)
Western State Hospital	Christian	1.5	\$874	\$10,488	216	600	\$2,097.6	\$13,402	\$3,284	\$43,489	\$36,965	\$6,523	\$16,560	\$10,037
The ADANTA Group	Pulaski	25	\$3,544	\$42,528	216	600	\$8,505.6	\$51,850	\$3,285	\$158,834	\$135,009	\$23,825	\$16,560	(\$7,265)
The ADANTA Group	Adair	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,786	\$81,747	\$69,485	\$12,262	\$16,560	\$4,298
The ADANTA Group	Casey	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,787	\$81,748	\$69,486	\$12,262	\$16,560	\$4,298
The ADANTA Group	Green	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,788	\$81,749	\$69,487	\$12,262	\$16,560	\$4,298
The ADANTA Group	Taylor	3	\$1,748	\$20,976	216	600	\$4,195.2	\$25,987	\$3,789	\$81,750	\$69,488	\$12,263	\$16,560	\$4,297

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

Please see spreadsheet above.

- b. Describe the source of funds from:
 - a. Eligible Pilot Program network participants
Local funds
 - ii. Ineligible Pilot Program network participants
Local funds

- b. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

None at this time.

- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

Medicaid, Medicare, self pay and private insurance

- ii. Identify the respective amounts and remaining time for such assistance.

Please see above spreadsheet.

- c. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program

Unknown at this time.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network. An issue that has impacted upon ineligible entities. Complex community mental health centers which operate a large campus with a variety of different types of facilities on the campus are excluded from participation because of their expectations that all telecommunication circuits go through their Information Technology Center. Two centers in Kentucky, which are two of the nation's largest community mental health centers, require all circuits to go through the IT center because it helps maintain the Electronic Health Record security required by federal and state laws.

Appropriate documentation was submitted to reconsider facilities that have administrative services located in the same building as clinical services. Instructions from USAC gave the community mental health centers the ability to include these facilities with the submission of the appropriate documentation.

8. Provide an update on the project management plan, detailing:

- a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

No change to the current leadership and management structure since the last data report.

- b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project
- c. deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverable

Project Timeline as of March 31, 2012

Site Name	County	Bandwidth	Expected Installation	Installation Year
Kentucky River Community Care Inc Caney Creek Center	Knott	1.5	Summer	2012
Kentucky River Community Care Inc Owsley TR	Owsley	1.5	Summer	2012
Kentucky River Community Care Inc Letcher TR/ADTC	Letcher	1.5	Summer	2012
Kentucky River Community Care Inc Breathitt County Outpatient	Breathitt	45	Summer	2012
Kentucky River Community Care Inc Knott County Outpatient	Knott	1.5	Summer	2012
Kentucky River Community Care Inc Lee County Outpatient	Lee	1.5	Summer	2012
Kentucky River Community Care Inc Leslie County Outpatient	Leslie	1.5	Summer	2012
Kentucky River Community Care Inc Letcher County Outpatient	Letcher	1.5	Summer	2012
Kentucky River Community Care Inc Perry County Outpatient	Perry	45	Summer	2012
Kentucky River Community Care Inc Wolfe County Outpatient	Wolfe	1.5	Summer	2012

Site Name	County	Bandwidth	Expected Installation	Installation Year
Appalachian Regional Healthcare Psychiatric Center	Perry	0	Summer	2012
Appalachian Regional Healthcare Medical Center	Perry	0	Summer	2012
Central State Hospital	Jefferson	1.5	Summer	2012
Cumberland River Comprehensive Care Center Harlan Outpatient	Harlan	3	Summer	2012
Cumberland River Comprehensive Care Center Corbin Outpatient	Whitley	3	Summer	2012
Four Rivers Behavioral Health	McCracken	10	Summer	2012
Kentucky Correctional Psychiatric Center/Medical Center	Oldham	1.5	Summer	2012
Lifeskills, Inc.	Warren	45	Summer	2012
Lifeskills, Inc.	Allen	3	Summer	2012
Lifeskills, Inc.	Barren	3	Summer	2012
Lifeskills, Inc.	Edmonson	3	Summer	2012
Lifeskills, Inc.	Metcalf	3	Summer	2012
Lifeskills, Inc.	Monroe	3	Summer	2012
Mountain Comprehensive Care Center Johnson County Outpatient	Johnson	1.5	Summer	2012

Site Name	County	Bandwidth	Expected Installation	Installation Year
Pathways, Inc. Boyd Co. Outpatient Clinic	Boyd	45	Summer	2012
Pathways, Inc. Greeup Co. Outpatient Clinic	Greenup	10	Summer	2012
Pennyroyal Center MH-MR Board, Inc. Madisonville Clinic	Hopkins	1.5	Summer	2012
Pennyroyal MH-MR Board, Inc. - Children/Substance Abuse Services	Christian	1.5	Summer	2012
Pennyroyal MH-MR Board, Inc. - Adult Clinic	Christian	10	Summer	2012
Pennyroyal MH-MR Board, Inc. - Greenville Clinic	Muhlenberg	1.5	Summer	2012
Pennyroyal MH-MR Board, Inc. - Princeton Clinic	Caldwell	1.5	Summer	2012
River Valley Behavioral Health Cigar Factory Complex	Daviess	10	Summer	2012
Western State Hospital	Christian	1.5	Summer	2012
The ADANTA Group	Pulaski	25	Summer	2012
The ADANTA Group	Adair	3	Summer	2012
The ADANTA Group	Casey	3	Summer	2012
The ADANTA Group	Green	3	Summer	2012
The ADANTA Group	Taylor	3	Summer	2012

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Kentucky is fortunate because there is currently legal support for telehealth and eHealth in Kentucky Law. Behavioral health services, particularly services provided by psychiatrist, a nurse practitioner, LCSW and CSW's are approved Medicaid billable services in Kentucky. The providers in the KBIN network are by and large behavioral health providers. Since we are still in the network implementation stage, we do not yet have firm cost projections of the likely costs or the possible needed off-setting service revenue necessary to sustain the network.

Kentucky Medicaid Managed Care contracts tight implementation deadlines of October, 2011, shifted focus for the KBTN participants to the imposed Kentucky Managed Care deadlines. Because of these unexpected pressures to comply with the States Managed Care deadlines, KBTN participants may require an extension of the June 30th deadline to implement the data lines. However, once in place, the Managed Care initiative will include rates for ehealth services that should assist in sustaining the state wide KBTN model.

Another avenue for sustain options include a Kentucky eHealth board and a Kentucky Health Information Exchange (KHIE) as a model for developing the interchange of health information among providers, hospitals and payers. The KHIE will be designing the software for translation between health care provider information systems electronic health records to facilitate access to health information. These activities are led by the former Kentucky Lt. Governor Dan Mongiardo, MD, who as a physician and surgeon has a strong interest in telehealth and eHealth. The KBTN sustain resources could come from the specialized health information funding being developed on both state and federal levels.

If all else fails, we plan to seek support from the FCC's current rural health care program and the partial subsidy provided under that program once the RHC-PP resources are lapsed. Based upon our current participation in that rural program we expect significant savings will accrue to help offset the higher costs of telehealth broadband requirement. Our expectation is that with starting the drawdown of FCC funds in 2012, we expect that we will have a five year program that would take us into 2016 before we would need to sustain funding.

Another significant roadblock at this time is the funding for the end user equipment and switches we need for multipoint connectivity and instant point to point connectivity. KRCC received a USDA grant and bids for the MCU and four sites have been received. The vendor for the MCU will be selected in May, 2012 and hardware implementation to begin soon thereafter. Other end user equipment will be the responsibility of each participant.

Minimum 15% Funding Match. Each KBTN site will be billed for its share of the sites in the network. These matching funds will come from general revenue of the health care provider. Insurance revenue for the telehealth services would include overhead expenses such as telecommunications costs.

KBTN partners expect revenue will increase because of the Kentucky statutes allowing for billing of telehealth services. Furthermore, because of the ability to receive continuing education credits via the telehealth network, providers will pay less money for travel and keep healthcare staff on site to see patients the same day they attend a continuing education session or on the travel days that would have otherwise occurred. KBTN expects a cost savings of over 10,000 per circuit to participate in the network now. Costs savings now will benefit the development of a long term business plan to maintain the network.

Project Sustainability Period

The KBTN will require continuous upgrades of equipment to maintain pace with tele-technology advances, but the connections and initial investment of space/location and hookups will be one-time expenses. Careful planning and design have engineers projecting that long term, ten years availability of the equipment and telecommunications circuits is not unreasonable expectations. While, the ten years sustainability plan is purely speculative, in these turbulent health care reform times, even 5 years of productive use would net a system improvement that would create improved medical care access and lower health costs. The health care system and customer will find value in these services, so the ten year sustainability period is achievable and our aim.

KBTN 10 Year Budget					
Years	RHCPP/RP Expenses	Rural Health Care Regular Program	Partner Expenses including billing costs	Total Expenses	Patient Revenue
1-3	\$2,856,101	0	563,000	\$3,419,101	\$836,000
3-6	0	1,350,000	1,350,000	\$2,700,000	\$1,400,000
7-10	0	1,350,000	1,350,000	\$2,700,000	\$2,000,000
Total	\$2,856,101	2,700,000	3,263,000	\$5,400,000	\$4,236,000

Principal Factors

The principal factors of the ten year sustainability plan are the billability of telehealth services, continued implementation of the Affordable Care Act, US government maintenance of Medicare and Medicaid health care supports, and integration of behavioral health and physical health services using the Accountable Care Organization models. While all of these factors are beyond the control of the KBTN, strategically responding to these external events predicates new service delivery systems including telehealth.

KBTN will make it possible for all member partners to be more cost effective to meet the demands of the changing health care marketplace.

Terms of Membership in the Network

The terms of membership in the KBTN are one year intervals predicated on bids from telecommunications providers that are reasonable and cost effective in a changing health care marketplace. If the ground rules change each health care provider will independently determine if they wish to continue the network services.

Excess Capacity

The KBTN does not plan to purchase excess capacity.

Ownership Structure

Each KBTN partner will purchase their own end user equipment including any local switches not covered by the RHCPP. Ownership will fall to the local site and not any of the other partners. As lead agency for the KBTN, Kentucky River Community care signs contracts and conducts business on behalf of the network and appoints the Project Coordinator.

Sources of Future Support

Each of the partners agrees to making the network successful and implementing the KBTN goals over the next ten years. The narrative above outlines our sources of future support which includes generating revenue from patient services sufficient to break even with the additional support of the Rural Health Care Regular Program.

Management of the Network

The lead agency in the KBTN, Kentucky River Community Care, Inc assumes responsibility for the management of the network as we have for the past three years. Once the network is operational, if there are additional management costs the KBTN partners will discuss and arrive at a mechanism for appropriating funds and administering the program. The KBTN partners frequently co-manage projects and have a history of being able to resolve management issues. There will be on-going administrative expenses for the next decades just to be able to submit invoices to USAC and to comply with other programmatic requirements of

the Pilot Program. KBTN will have these expenses prorated and submitted as part of each member's monthly invoice.

10. Provide detail on how the supported network has advanced telemedicine benefits:

The network has not achieved the identified goals due to the above barriers and implementation delays. The KBTN partners continue to work to remove these barriers and will achieve the goals with the help of USAC

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

The network has not yet complied with any HHS health IT initiatives.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic

and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

While the selected participants have not yet coordinated their health care networks with HHS or the CDC, part of the protocols that will need to be developed will focus upon coordination of health care information with those federal and state agencies involved with public health emergencies and responses to terrorism. The Kentucky Health Information Exchange will also need to develop these sorts of protocols so that the public impact of pandemics and terrorist acts can be minimized.